

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

IN RE APPLICATION OF: BUM JAE YOU ET AL

SERIAL NO.: 09/903,526

FILED: July 13, 2001



FOR: THREE-DIMENSIONAL VISUAL INSPECTION
METHOD OF SEMICONDUCTOR PACKAGES
AND APPARATUS USING SINGLE CAMERA

GROUP ART UNIT: 2623

EXAMINER: V. Bali

ATTY. REFERENCE: YOUB3002/BEU

PETITION FOR EXTENSION OF TIME

COMMISSIONER OF PATENTS
P.O. Box 1450
Alexandria, VA 22313-1450

Sir:

Applicant requests that the time for taking action in this case be extended pursuant to 37 CFR 1.136 (a) for:

One Month Three Months
 Two Months Four Months
 Five Months

The fee set in 37 CFR 1.17 for the extension of time is \$510.00.

Fee enclosed. Please charge any additional fee required for this extension of time to **Deposit Account Number 02-0200**. A duplicate copy of this paper is enclosed.

Charge fee to **Deposit Account Number 02-0200**. A duplicate copy of this paper is enclosed.

Applicant is a **small entity** entitled to pay reduced fees in this application.
A verified small entity statement has been filed. is enclosed.

Also enclosed is a:

Response Notice of Appeal Appeal Brief

23364
Customer Number
Phone: (703) 683-0500

DATE: January 18, 2005

Respectfully submitted,


Benjamin E. Urcia
Attorney for Applicant
Registration Number: 33,805

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#2623

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COMMISSIONER OF PATENTS

P.O. Box 1450

Alexandria, VA 22313-1450

Sir:

Transmitted herewith is a communication/amendment in the above-identified application.

Small entity status under 37 CFR 1.9 and 1.27 is claimed.
 No additional fee is required.

The fee, if any, has been calculated as shown below:

Fee Basis	Number of Claims After Amendment	Highest Number Previously Paid For	Extra Claims	Small Entity	Full Fee
Total Claims	-	¹	³ =	$\times \$25 =$	$\times \$50 =$
Independent Claims	-	²	³ =	$\times \$100 =$	$\times \$200 =$
<input type="checkbox"/> First Presentation of Proper Multiple Dependent Claim				$+ \$180 =$	$+ \$360 =$
TOTAL					

¹ If less than 20 enter 20.

² If less than 3 enter 3.

³ If less than 0 enter 0.

Please charge my **Deposit Account Number 02-0200** in the amount of \$ _____. A duplicate copy of this sheet is attached.
 A check in the amount of \$ _____ is attached.
 The Commissioner is hereby authorized to charge any additional fees associated with this communication, including fees due under 37 CFR 1.16 and 37 CFR 1.17 or credit any overpayment to **Deposit Account Number 02-0200**. A duplicate copy of this sheet is attached.
 Also enclosed is/are: **PETITION FOR EXTENSION OF TIME (3 MONTH) W/FEE**

23364

Customer Number
Phone: (703) 683-0500

DATE: January 18, 2005

Respectfully submitted,



Benjamin E. Urcia
Attorney for Applicant
Registration Number: 33,805